

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

3804

1. PLACE OF DEATH- COUNTY Harford MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Harford	
CITY (If outside corporate limits, write RURAL and give nearest town) Beltsville		CITY (If outside corporate limits, write RURAL and give nearest town) Harford	
TOWN Beltsville		TOWN Market Street	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walter's Nursing Home		STREET ADDRESS Harford, Md.	
3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Rebecca (Last) Abt		4. DATE OF DEATH (Month) April (Day) 29 (Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH July 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Employee	9. AGE last birthday 83 yrs.
13. FATHER'S NAME George W. Lear		11. BIRTHPLACE (State or foreign country) Harford County, Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. —		14. MOTHER'S MAIDEN NAME Mary Katherine Shay	
17. INFORMANT AND ADDRESS Mr. James B. Lear			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH >
Immediate cause (a) Chr. Myocardial Disease			
Antecedent cause(s) (b) 4/22/51			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 938			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 1, 1951**, to **April 29, 1951**, that I last saw the deceased alive on **April 29, 1951**, and that death occurred at **5:45 a.m.**, from the causes and on the date stated above.

SIGNATURE Willard P. Hudson, M.D. (Degree or title)		ADDRESS Forest Hill, Md.		DATE SIGNED 5/1/51	
23. BURIAL, CREMATION, etc. (Specify) Burial		DATE May 2, 1951		NAME OF CEMETERY OR CREMATORY Spesutia Cemetery	
				LOCATION (City, town, or county) Harford County, Md. (State) —	
DATE REC'D BY LOCAL REG. 5/1/51		REGISTRAR'S SIGNATURE Willa Howard		24. FUNERAL DIRECTOR R. Madison Mitchell	
				ADDRESS Lawrence Grace, Md.	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1951
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

3805

Reg. Dist. No. 182

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Harford</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harlington</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harlington</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Gertrude Irene Aikens</u>				4. DATE OF DEATH (Month) <u>April</u> (Day) <u>22</u> (Year) <u>1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>March 10, 1951</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		9. AGE last birthday yrs. <u>1</u> Months <u>12</u> Days <u>12</u>		11. BIRTHPLACE (State or foreign country) <u>Harford Co. Md.</u>	
13. FATHER'S NAME <u>Joseph Aikens</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>			
14. MOTHER'S MAIDEN NAME <u>Gertrude Aikens</u>				17. INFORMANT <u>Joseph Aikens</u>			
18. MEDICAL CERTIFICATION <u>Harlington, Md.</u>							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
1. Immediate cause <u>916.0 Third degree burns face</u>							
2. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>180</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>				PLACE (Home, farm, factory, street, office bldg., etc.) <u>Home</u>			
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>April 22 11A.m.</u>				INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>			
				HOW DID INJURY OCCUR? <u>Burned in house fire</u>			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
SIGNATURE <u>Gertrude C Palmer M.D. Deputy Medical Examiner Harford Co. Balt. Md. 4/24/51</u>				ADDRESS		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				DATE THEREOF <u>April 24, 1951</u>			
NAME OF CEMETERY OR CREMATORY <u>Green Shring Cem.</u>				LOCATION (City, town, or county) (State) <u>Harford Co. Md.</u>			
DATE RECD BY LOCAL REG. <u>April 23, 1951</u>				24. FUNERAL DIRECTOR <u>C. H. Kirk</u>			
				ADDRESS <u>H. S. Bailey, Harlington, Md.</u>			

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191/2

RECEIVED
MAY 4 1957
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

3806

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harlington</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harlington</u>	
TOWN <u>Harlington</u>		TOWN <u>Harlington</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Samuel G. Bishop</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 4 1871</u>
9. AGE last birthday <u>79</u> yrs.		10. AGE last birthday (If under 1 year) (If under 24 hrs.) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Navy Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grayson Co., Va.</u>	
11. BIRTHPLACE (State of foreign country) <u>Grayson Co., Va.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Samuel Bishop</u>		14. MOTHER'S MAIDEN NAME <u>Arthur Bishop</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT AND ADDRESS <u>Arthur Bishop</u>		18. MEDICAL CERTIFICATION <u>Harlington, Md.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute pulmonary edema due to Acute Angina

INTERVAL BETWEEN ONSET AND DEATH

2 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiac failure due to generalized arterio-(c) sclerosis and old ageII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Aug 1, 1950, to April 15, 1951, that I last saw the deceased alive on April 15, 1951, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>April 17 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Harlington Cem</u>	LOCATION (City, town, or county) <u>Harford Co., Md.</u>	(State)
DATE REC'D BY LOCAL REG. <u>April 15, 1951</u>	REGISTRAR'S SIGNATURE <u>C. G. Kirk</u>	24. FUNERAL DIRECTOR <u>H. S. Bailey</u>	ADDRESS <u>Harlington, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 4 1891.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Aberdeen</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Aberdeen</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Washington Street.</u>		STREET ADDRESS (If rural, give location) <u>Washington Street.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Daniel</u> (Middle) <u>L.</u> (Last) <u>Brown</u>	4. DATE OF DEATH	(Month) <u>4</u> (Day) <u>20</u> (Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-27-1879</u>
9. AGE last birthday <u>72</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer on farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Louis J. Brown</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Heath</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT <u>Mrs. Mirrie L. Brown</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Respiratory Failure

Antecedent cause(s)

(b) Cerebral Hemorrhage

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c) Cerebral Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Arteriosclerotic Heart Disease

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

Terminal10 days1 yr.

21. ACCIDENT SUICIDE HOMICIDE

No

PLACE (Home, farm, factory, street, office bldg., etc.)

INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED White at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 4, 1951 to 4-20, 1951, that I last saw the deceasedalive on 4-19, 1951, and that death occurred at 12:45 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

Burial

DATE THEREOF

4/23/51

NAME OF CEMETERY OR CREMATORY

Union M. C. Cemetery

LOCATION (City, town, or county)

Aberdeen Harford Co. Md.

(State)

DATE REC'D BY LOCAL REG.

April 23-1951

REGISTRAR'S SIGNATURE

Nellie Z. Riley

24. FUNERAL DIRECTOR

Henry Tarring and Sons

ADDRESS

Aberdeen820108 Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 25 1951
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 186-

3808

1. PLACE OF DEATH- COUNTY <u>HARFORD</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MARYLAND</u> COUNTY <u>HARFORD</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>HAURE DE GRACE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>HAURE DE GRACE</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>HARFORD MEMORIAL HOSP.</u>		STREET ADDRESS (If rural, give location) <u>713 N. STOKES</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Ralph</u>	(Middle)	(Last) <u>Calicchia</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>12</u>	(Year) <u>1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Unknown</u>
9. AGE last birthday <u>49</u> yrs.	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labored</u>		10b. KIND OF BUSINESS OR <u>Dist. Dept. Hardware</u>	
11. BIRTHPLACE (State or foreign country) <u>ITALY</u>		12. CITIZEN OF WHAT <u>Italy</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Ralph Calicchia, Harford, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Hypertensive Cardiovascular(b) Spasms

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1951, to 4-12, 1951, that I last saw the deceasedalive on 4-12, 1951, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 14-1951A. L. Lewis M.D.Pennington & SonHarford, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Balto</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bell Ave. Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baldwin</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Convalescent Home</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>LAURA</u> (First) <u>CONNELLY</u> (Last)		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>2</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Dec 17-1865</u> 85 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Balto md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Wm Connolly</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Riddle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Hyd B Connolly</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Hypostatic Pneumonia, Terminating</u>		<u>36 hrs</u>
Antecedent cause(s) (b) <u>Chr. Cardiovascular Disease -</u>		<u>S</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 28, 1951, to April 2, 1951, that I last saw the deceased alive on April 2, 1951, and that death occurred at 10:15 P.m., from the causes and on the date stated above.

SIGNATURE Willard P. Hudson, M.D. (Degree or title) Forest Hill, Md (Address) 4/3/51 (Date Signed)

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Apr-5-51 NAME OF CEMETERY OR CREMATORY Trinity Episcopal LOCATION (City, town, or county) (State) Rom Green Md

DATE REC'D BY LOCAL REG 4/4/51 REGISTRAR'S SIGNATURE Priscilla Howard N. FUNERAL DIRECTOR C. & Arthur Ford ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11721

RECEIVED
APR 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

3810

1. PLACE OF DEATH COUNTY Harford		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Harford	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Harre de Grace		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Harre de Grace	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 620 Otsego Street		STREET ADDRESS (If rural, give location) 620 Otsego Street	
3. NAME OF DECEASED (Type or Print)	(First) Emma	(Middle) Jane	(Last) Currier
4. DATE OF DEATH	(Month) April	(Day) 29	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH March 24, 1865
9. AGE last birthday 86 yrs.		10. If under 1 year Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country) Havre de Grace, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William J. Crawford		14. MOTHER'S MAIDEN NAME Carolyn Grant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mrs. L. H. Eaton 620 Otsego Street		18. MEDICAL CERTIFICATION Havre de Grace, Md.	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion		
Antecedent cause(s) (b) Chronic Myocarditis		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1939**, 19....., to **4-29**, 19**51**, that I last saw the deceased alive on **4-29**, 19**51**, and that death occurred at **2 P** m. from the causes and on the date stated above.

SIGNATURE **Robert D. Jones** ADDRESS **Harre de Grace, Md.**

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 1, 1951	NAME OF CEMETERY OR CREMATORY Angel Hill Cemetery	LOCATION (City, town, or county) (State) Havre de Grace, Md.
DATE REC'D BY LOCAL REG. Apr. 30-1951	REGISTRAR'S SIGNATURE A. L. Lewis M.D.	24. FUNERAL DIRECTOR H. Madison Mitchell	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 3 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3811

2411 N. Charles Street, Baltimore

Item #21 on:

Form No. G 132 APR 30 1957

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH COUNTY <u>Harford</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md.</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Harre de Grace, md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Harre de Grace, md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Memorial Hospital</u>		STREET ADDRESS (If rural give location) <u>R D # 2</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Susan</u>	(Middle) <u>Amanda</u>	(Last) <u>Curry</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov. 28, 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired House</u>	9. AGE last birthday <u>80</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Harford County, md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>George Woodbury</u>		14. MOTHER'S MAIDEN NAME <u>Susan Singleton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>?</u>	
17. INFORMANT <u>Mrs. Hubert Morris</u>		<u>Harford RD # 2</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause <u>903.0 Generalized arteriosclerosis</u>		(a) <u>Fracture femur, right</u>			
Antecedent cause(s) <u>186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>		(b) <u>?</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		(c) <u>?</u>			
19a. DATE OF OPERATION <u>?</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE <u>accident</u>		PLACE (Home, farm, factory, street, office bldg., etc.) <u>home</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) <u>around 26 March 5p.</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR? <u>Fall from wheel chair as patient attempted to get up (4/26/51)</u>	
22. I hereby certify that I attended the deceased from <u>4-12</u> , 19 <u>51</u> , to <u>4-15</u> , 19 <u>51</u> , that I last saw the deceased <u>alive on 4-14</u> , 19 <u>51</u> , and that death occurred at <u>6:00 A.M.</u> , from the causes and on the date stated above.					
SIGNATURE <u>John P. Lewis, M.D.</u>		(Degree or title)		ADDRESS <u>Harford Memorial Hosp.</u>	
DATE SIGNED <u>4-15-51</u>					
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>April 18, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Harmony</u>	
LOCATION (City, town, or county) <u>Harford County md.</u>		(State)			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Apr. 18-1951</u>		REGISTRAR'S SIGNATURE <u>G. L. Lewis M.D.</u>		24. FUNERAL DIRECTOR <u>H. M. Madson Mitchell</u>	
ADDRESS <u>Harre de Grace, Md.</u>					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 19 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

3812

1. PLACE OF DEATH- COUNTY <u>Harford</u> <u>Maryland</u> <u>MARYLAND</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Havre de Grace</u> TOWN <u>Havre de Grace</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Harford</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Havre de Grace</u> TOWN <u>Havre de Grace</u> STREET ADDRESS (If rural, give location) <u>118 St. Johns</u>	
3. NAME OF DECEASED (First) <u>Olivia</u> (Middle) <u>Durbin</u> (Last)		4. DATE OF DEATH (Month) <u>4/3/51</u> (Day) <u>19</u> (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6/9/1876</u>
9. AGE last birthday <u>74</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Havre de Grace</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Richardson</u>	
14. MOTHER'S MAIDEN NAME <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY No. <u>no</u>		17. INFORMANT AND ADDRESS <u>Joseph H. Durbin, Havre de Grace, Md.</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Carcinoma Mammary Gland</u>		<u>2 yrs.</u>
Antecedent cause(s) (b) <u>General Carcinomatosis</u>		<u>6 mos.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Cachexia</u>		<u>1 mo.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>no surgery</u>	19b. MAJOR FINDINGS OF OPERATION <u>X-ray & Radiogram</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>---</u>	(CITY OR TOWN) <u>---</u> (COUNTY) <u>---</u> (STATE) <u>---</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>---</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>---</u>

22. I hereby certify that I attended the deceased from May 19, 1951, to April 3, 1951, that I last saw the deceased alive on March 3, 1951, and that death occurred at 9 a.m. from the causes and on the date stated above.

SIGNATURE Charles F. Foley M.D. (Degree or title) ADDRESS 408 E. Monmouth Ave. Havre de Grace Md. DATE SIGNED 7/5/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 4/6/51 NAME OF CEMETERY OR CREMATORY St. James LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Apr. 5/1951 REGISTRAR'S SIGNATURE G. L. Lewis M.D. 24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Joppa</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Joppa</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>John</u>	(Middle) <u>Robert</u>	(Last) <u>DUVAL</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>18</u>	(Year) <u>1951</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Nov. 23, 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>owner</u>	9. AGE last birthday <u>81</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Harford Co. Md</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.C.</u>	
13. FATHER'S NAME <u>Calder Duval</u>		14. MOTHER'S MAIDEN NAME <u>Mary Hyde</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT <u>Mrs. Virginia Duval, Catonsville Md</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Coronary embolism</u>	<u>5 minutes</u>
Antecedent cause(s)	(b) <u>Rheumatic heart disease with</u>	<u>sev. years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) <u>Congestive heart failure</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Osteoarthritis</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 14, 1951, to same, 19....., that I last saw the deceased alive on April 14, 1951, and that death occurred at 345P m., from the causes and on the date stated above.

SIGNATURE John F. Noquera, M.D. ADDRESS Kingville, Md. DATE SIGNED 4-18-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Buried</u>	<u>Apr. 21, 1951</u>	<u>St Mary's</u>	<u>Emmitsville, Harford Md</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>April 21, 1951</u>	<u>Mrs. M. Mondsdales</u>	<u>Howard R. McCormac & Son</u>	<u>Abingdon Md 100105</u>	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

3814

1. PLACE OF DEATH- COUNTY <u>Harpur</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY <u>Harpur</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Forest Hill</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Forest Hill Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rural</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Charles Sidney Emerson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>S</u>	8. DATE OF BIRTH <u>Aug 11/50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>C</u>	9. AGE last birthday <u>9 Mo</u> If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Forest Hill Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>Sidney Emerson</u>		14. MOTHER'S MAIDEN NAME <u>Lucile Sefton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Sidney Emerson</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) HydrocephalusLife

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Sept 1, 1950, to April 26, 1951, that I last saw the deceased alive on April 15, 1951, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>April 28/51</u>	<u>Rugby Cemetery</u>	<u>Rugby Virginia</u>	<u>VA</u>
DATE REC'D BY LOCAL REG. <u>4-27-51</u>	REGISTRAR'S SIGNATURE <u>Lucilla Farwood</u>	M. FUNERAL DIRECTOR <u>Joseph Foster Bellin</u>	ADDRESS	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 30 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3815 181

1. PLACE OF DEATH- COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md.</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Harrede Grace</u> LENGTH OF STAY (in this place) <u>Life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Harrede Grace</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Emily</u> (First) <u>Winner</u> (Middle) <u>Haines</u> (Last)		4. DATE OF DEATH <u>Apr.</u> (Month) <u>22</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 1, 1877</u>
9. AGE last birthday <u>73</u> yrs.		10. If under 1 year: Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Same as wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	
11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Issac C. Coale</u>		14. MOTHER'S MAIDEN NAME <u>Mary Frances De Laney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Mr. S. Walter Haines</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) <u>Carcinoma Sigmoid & Colon 2 yrs</u>	
153X Antecedent cause(s)	(b) <u>General carcinomatous</u>	3 yrs
46a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) <u>Cachexia</u>	1 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE HOMICIDE	INJURY	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY	m.	

22. I hereby certify that I attended the deceased from 3/1, 1947, to 4/22, 1951, that I last saw the deceased alive on 4/22, 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE Charles D. Hays M.D. ADDRESS 4000 Madison Harrede Grace DATE SIGNED 4/23/51

23. BURIAL, CREMATION (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>Apr. 24, 1951</u>	<u>Rock Run</u>	<u>Harford Co.</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>Apr. 23, 51</u>	<u>Hellie H. Riley</u>	<u>R. Madison Mitchell</u>	<u>Harrede Grace, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 25 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

3816

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Harford</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Harford</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Whiteford, Rural</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Whiteford, Rural</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>ELLA</u> (First)		<u>BELLE</u> (Middle)		<u>HALE</u> (Last)		4. DATE OF DEATH <u>April 24</u> - 19 <u>51</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widow</u>		8. DATE OF BIRTH <u>March 23, 1876</u> 75 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Grayson Co. Va.</u>	
13. FATHER'S NAME <u>John K. Hackler</u>				14. MOTHER'S MAIDEN NAME <u>Evelyn Custer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS <u>Mrs. Martin Roberts, Street Md.</u>	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) <u>Coronary Thrombosis</u>							
Antecedent cause(s) (b) <u>Gen. Arterio Sclerosis</u>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE		HOMICIDE		INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify, that I attended the deceased from <u>1945</u> to <u>April 24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 14</u> , 19 <u>51</u> , and that death occurred at <u>10:30</u> p.m., from the causes and on the date stated above.							
SIGNATURE <u>Genial A. Hunt, M.D.</u>				ADDRESS <u>Delva, Pa.</u>		DATE SIGNED <u>4/24/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Apr. 28, 1951</u>		<u>Tabernacle Cemetery Whiteford, Md.</u>			
DATE REC'D BY LOCAL REG. <u>4/25/51</u>		REGISTRAR'S SIGNATURE <u>Priscilla Towood</u>		24. FUNERAL DIRECTOR <u>Hubert P. Harkins</u>		ADDRESS <u>Delva, Pa.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED

MAY 16 1951

BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

3817

1. PLACE OF DEATH- COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Aberdeen Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Aberdeen RD #2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Churchville</u>		STREET ADDRESS (If rural, give location) <u>Churchville</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>G</u> (Middle) <u>Hayes</u> (Last) <u>Hamilton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April</u> <u>4th</u> <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 3rd 1867</u>
9. AGE last birthday <u>87</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME <u>William D. Hamilton</u>		
14. MOTHER'S MAIDEN NAME <u>Sarah E. Day</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>Mrs. Frank Mathan, Churchville</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Measles</u>	<u>Thrombosis</u>	<u>36 hrs</u>
Antecedent cause(s) (b) <u>422.1</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>93d</u>	<u>Septic-schotic CV Disease</u>	<u>11 yrs</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to April, 1951, that I last saw the deceased alive on April 4, 1951, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>4/7/51</u>	NAME OF CEMETERY OR CREMATORY <u>St. Michaels Cemetery</u>	LOCATION (City, town, or county) (State) <u>Churchville Maryland</u>
DATE REC'D BY LOCAL REG. <u>April 7-1951</u>	REGISTRAR'S SIGNATURE <u>Mellie A. Riley</u>	24. FUNERAL DIRECTOR <u>Henry Tarrington and Sons</u>	ADDRESS <u>Aberdeen Maryland</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 10 1951
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

3818

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH- COUNTY <u>Harford</u> <u>Maryland</u> <u>MARYLAND</u>				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> <u>Harford</u> COUNTY			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Town Havre de Grace</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Town Havre de Grace</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location) <u>138 Bloomsbury</u>			
3. NAME OF DECEASED (Type or Print)		(First)		(Middle)		(Last)	
		<u>William</u>		<u>Oliver</u>		<u>Hankin</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		4. DATE OF DEATH <u>4/27/51</u>	
8. DATE OF BIRTH <u>2/20/1894</u>		9. AGE last birthday <u>57</u> yrs.		10. MONTHS <u>2</u>		11. DAYS <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman Automotive Test Division, Proving Ground</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Philadelphia, Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Edward Hankin</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Foster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>				16. SOCIAL SECURITY No. <u>Unknown</u>		17. INFORMANT AND ADDRESS <u>Mary E. Hankin, Havre de Grace</u>	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Acute Pulmonary Edema</u>						<u>2 hrs.</u>	
Antecedent cause(s) (b) <u>Chronic Hemiparesis</u>						<u>1 day</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Malignant Hypertension</u>						<u>10 years</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office hldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 27</u> , 19 <u>51</u> , to <u>April 27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 27</u> , 19 <u>51</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Wm. W. Welch M.D.</u>				ADDRESS <u>Havre de Grace Md.</u>		DATE SIGNED <u>4/28/51</u>	
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>4/30/51</u>		NAME OF CEMETERY OR CREMATORY <u>Angel Hill</u>		LOCATION (City, town, or county) (State) <u>Havre de Grace, Md.</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 29-1951</u>		REGISTRAR'S SIGNATURE <u>W. L. Lewis M.D.</u>		24. FUNERAL DIRECTOR <u>Wm. W. Welch & Son, Havre de Grace, Md.</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

5-23 916

RECEIVED

MAY 2 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH- COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Middona (Rural)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Middona (Rural)</u>	
TOWN <u>Middona (Rural)</u>		TOWN <u>Middona (Rural)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>Waiter</u> (First) <u>Holmes</u> (Middle) (Last)		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>15</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 22, 1891</u>
9. AGE last birthday <u>59</u> yrs.		10. If under 1 year Months <u>6</u> Days <u>23</u> Hours <u>23</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tenant Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Baltimore Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John Henry Holmes</u>		14. MOTHER'S MAIDEN NAME <u>Emma Folke</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT <u>Mrs. Ada Holmes, Street, Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Arteriosclerotic CV disease</u>		
Antecedent cause(s) (b) <u>422.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Leroald C Palmer MD Deputy Medical Examiner Harford Co. Baltic Md 4/15/51

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>April 17, 1951</u>	<u>Bel-Air Mem. Gardens</u>	<u>Bel-Air, Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>4/16/51</u>	<u>Orucilla Louwood</u>	<u>Martin G. Kurtz, Jarrettsville, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

3820

1. PLACE OF DEATH- COUNTY <u>Harford</u> <u>Maryland</u> <u>MARYLAND</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> <u>Harford</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Havre de Grace</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Havre de Grace</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>413 N. Stokes</u>	
3. NAME OF DECEASED (Type or Print) <u>Bernice M. Hopper</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>27</u> (Year) <u>51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Unknown</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>Abt. 82 yrs.</u>
11. BIRTHPLACE (State or foreign country) <u>Washington D.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>Unknown</u>	
17. INFORMANT AND ADDRESS <u>Mae Jones, Temple Trailer Village, Alexandria</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

592X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

1318

(a)

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2-3, 1951, to 4-27, 1951, that I last saw the deceased

alive on 4-22-51, 1951 and that death occurred at 7:30 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>5/2/51</u>	NAME OF CEMETERY OR CREMATORY <u>Angel Hill</u>	LOCATION (City, town, or county) <u>Havre de Grace, Md.</u>	(State) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>May 2-1951</u>	REGISTRAR'S SIGNATURE <u>G. L. Lewis m. D.</u>	24. FUNERAL DIRECTOR <u>Wilmington & Son</u> <u>Havre de Grace, Md.</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 4 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3821

Item #9 on:

WW

CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH COUNTY <u>Harford</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Bell Air</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Harford</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bell Air</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Dorothy</u>	(Middle) <u>Elizabeth</u>	(Last) <u>Howard James</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>16</u>	(Year) <u>1957</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>Mar 5 - 1916</u>
9. AGE last birthday <u>35 years</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) <u>Bell Air, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>George H Howard</u>		14. MOTHER'S MAIDEN NAME <u>Betrick League</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>R. Bruce James Bell Air, Md</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>CARDIO-RESPIRATORY FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 HOURS</u>	
Antecedent cause(s) (b) <u>SARCOMATOSIS</u>		6 MONTHS	
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Primary site: Retroperitoneal - sacral area of abdomen (5/2/51 dx)</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>NONE</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>OCT 1951</u> , to <u>16 Nov 1951</u> , that I last saw the deceased alive on <u>16 Nov 1951</u> , and that death occurred at <u>4:05 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>H. P. Andrew M.D.</u>		ADDRESS <u>Bell Air Md</u> DATE SIGNED <u>17 Nov 51</u>	
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>April 18/52</u>	
NAME OF CEMETERY OR CREMATORY <u>Bell Air Memorial</u>		LOCATION (City, town, or county) (State) <u>Bell Air Harford Md</u>	
DATE REC'D BY LOCAL REG. <u>4/17/51</u>		REGISTERAR'S SIGNATURE <u>Wesley Howard</u>	
24. FUNERAL DIRECTOR <u>Jas J. Jester</u>		ADDRESS <u>Bell Air Md</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 19 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

3822

1. PLACE OF DEATH- COUNTY <u>HARFORD</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MARYLAND</u> COUNTY <u>HARFORD</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>HAVER DE GRACE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>CHURCHVILLE</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>HARFORD MEMORIAL HOSP.</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>M. Elizabeth</u> (Middle) (Last) <u>Kimble</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>18</u> (Year) <u>1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1-4-91</u>
9. AGE last birthday <u>60</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Rembold</u>		14. MOTHER'S MAIDEN NAME <u>Hatilda Siegmán</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>1951</u>	
17. INFORMANT AND ADDRESS <u>Thos. J. Oakley Magnolia, Md</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Carcinoma of Rectum

Antecedent cause(s)

(b) Disease or conditions, if any, giving rise to the above cause stating the underlying cause lastII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>4-2-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rectum</u>		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3-26-, 1951, to 4-18, 1951, that I last saw the deceasedalive on 4-18-, 1951, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF <u>Apr. 25/1951</u>		NAME OF CEMETERY OR CREMATORY <u>Specutie</u>		LOCATION (City, town, or county) (State) <u>Perryman Harford Md</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 24-1951</u>		REGISTRAR'S SIGNATURE <u>A. L. Lewis M.D.</u>		24. FUNERAL DIRECTOR <u>Howard K. McComas & Son</u>		ADDRESS <u>Abingdon Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 25 1953

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3823 181

1. PLACE OF DEATH- COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Perryman</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Perryman</u>	
TOWN <u>Perryman</u>		TOWN <u>Perryman</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Residence -</u>		STREET ADDRESS (If rural, give location) <u>Residence -</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Sarah</u>	(Middle) <u>Katharine</u>	(Last) <u>Lee</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>4</u>	(Year) <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 30 1863</u>
9. AGE last birthday <u>87</u> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Harford County Md.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13. FATHER'S NAME <u>Lawrence Kehoe</u>	14. MOTHER'S MAIDEN NAME <u>Sarah Toal</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY No. <u>none</u>	17. INFORMANT AND ADDRESS <u>son - Harry Lee Perryman</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Cerebral anoxemia</u>		<u>5 minutes</u>
Antecedent cause(s)	(b) <u>Coronary occlusion</u>		<u>1 hour</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) <u>malignant hypertension - arteriosclerosis</u>		<u>20 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1957, to April 4, 1957, that I last saw the deceased alive on April 4, 1957, and that death occurred at 6:15 m., from the causes and on the date stated above.

SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	ADDRESS <u>Home 20 Grace St. April 5, 1957</u>	DATE SIGNED <u>April 5, 1957</u>
23. BURIAL CREMATION REMOVAL (Specify)	DATE <u>Apr. 7, 1957</u>	NAME OF CEMETERY OR CREMATORY <u>Perryman, Harford Md</u>	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>April 11-1957</u>	REGISTRAR'S SIGNATURE <u>Reine Z. Riley</u>	24. FUNERAL DIRECTOR <u>Howard A. McCowan & Son</u>	ADDRESS <u>abingdon Md</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

3824

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Belters Rd. 3 da</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Magnolia</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Courthouse</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>JOSEPH</u>	(Middle) <u>THOMAS</u>	(Last) <u>KEIGHT</u>
4. DATE OF DEATH	(Month) <u>APRIL</u>	(Day) <u>13</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 5, 1861</u>
9. AGE last birthday <u>90</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>	11. BIRTHPLACE (State or foreign country) <u>Harford Co Md</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13. FATHER'S NAME <u>Joseph Leight</u>	14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY No. <u>Unknown</u>	17. INFORMANT AND ADDRESS <u>Mosby McHenry Magnolia Md</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>CORONARY OCCLUSION</u>			<u>4 YEARS</u>
Antecedent cause(s) (b) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>—</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>—</u>	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>—</u> m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>—</u>	

22. I hereby certify that I attended the deceased from SEPT., 1947, to APRIL, 1951, that I last saw the deceased alive on 4/8, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE Dr Stewart Jr. M.D. ADDRESS EDGEWOOD, MD. DATE SIGNED 4/15/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Apr 16/51</u>	NAME OF CEMETERY OR CREMATORY <u>Edgemoor</u>	LOCATION (City, town, or county) <u>Harford Md</u>
DATE REC'D BY LOCAL REG. <u>4/16/51</u>	REGISTRAR'S SIGNATURE <u>Priscilla Inwood</u>	24. FUNERAL DIRECTOR <u>Howard R. McCon...</u>	ADDRESS <u>Abingdon Md 510506</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

28

Index

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APR 20 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3825 181

1. PLACE OF DEATH- COUNTY <u>Harford</u> <u>Maryland</u> <u>MARYLAND</u>			2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> <u>Harford</u> COUNTY		
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Aberdeen</u>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Aberdeen</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural, give location) <u>15 E. Bel Air Ave.</u>		
3. NAME OF DECEASED (Type or Print) <u>Robert</u> <u>Seneca</u> <u>Myers</u>		4. DATE OF DEATH <u>4/8/51</u>		19	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/17/1881</u>	9. AGE last birthday <u>70</u> yrs.	10. If under 1 year 11. If under 24 hrs. 12. If under 24 hrs. 13. Hours 14. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R.R. Engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Balto. & Ohio R.R.</u>		
11. BIRTHPLACE (State or foreign country) <u>Hayre de Grace</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>William A. Myers</u>			14. MOTHER'S MAIDEN NAME <u>Georgiana Lawder</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY No. <u>Unknown</u>		
17. INFORMANT AND ADDRESS <u>Beulah R. Myers, Aberdeen, Md. (Wife)</u>					

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>CARDIAC FAILURE</u>		
Antecedent cause(s) (b) <u>CORONARY OCCLUSION (THROMBOSIS)</u>		<u>2 YEARS</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		<u>10 YEARS</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 10, 1949, to April 8, 1951, that I last saw the deceased alive on April 8, 1951, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE <u>Brown McDonald</u>	(Degree or title) <u>M.D.</u>	ADDRESS <u>Aberdeen, Md.</u>	DATE SIGNED <u>4-10-51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>4/11/51</u>	NAME OF CEMETERY OR CREMATORY <u>Angel Hill</u>	LOCATION (City, town, or county) (State) <u>Hayre de Grace, Md.</u>
DATE REC'D BY LOCAL REG. <u>April 10-1951</u>	REGISTRAR'S SIGNATURE <u>Hellie Z. Wiley</u>	MINERAL DIRECTOR <u>Pennington & Son</u>	ADDRESS <u>Hayre de Grace, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

541506

RECEIVED
APR 12 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

3826

1. PLACE OF DEATH COUNTY <u>Harford</u> <u>Maryland</u> <u>MARYLAND</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harford</u> TOWN <u>Havre de Grace</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Harford</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harford</u> TOWN <u>Havre de Grace, Md.</u> STREET ADDRESS (If rural, give location) <u>Maryland, Apts.</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Stephen</u> <u>Clyde</u> <u>Myers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4/22/51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3/17/1884</u>
9. AGE last birthday <u>67</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mergler Elec. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Havre de Grace</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>George T. Myers</u>	
14. MOTHER'S MAIDEN NAME <u>Elizabeth Russell</u>		15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY No. <u>Unknown</u>		17. INFORMANT AND ADDRESS <u>John Myers, Havre de Grace, Md.</u>	

18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary Thrombosis</u>	<u>1/2 hr</u>
Antecedent cause(s) (b) <u>Arteriosclerosis</u>	<u>3 yrs</u>
(c) <u>Hypertension</u>	<u>3 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1951, to April 22, 1951, that I last saw the deceased alive on April 22, 1951, and that death occurred at 6:00 m., from the causes and on the date stated above.

SIGNATURE Charles J. Foley M.D. ADDRESS 4000 D. Morgan Ave. Baltimore, Md. DATE SIGNED 4/25/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 4/25/51 NAME OF CEMETERY OR CREMATORY Angel Hill LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Apr. 25-1951 REGISTRAR'S SIGNATURE A. G. Lewis M.D. 24. FUNERAL DIRECTOR Bennington & Son ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH-
COUNTY

Harford

MARYLAND

CITY (If outside corporate limits, write RURAL and
OR give nearest town) AberdeenLENGTH OF STAY
(in this place)
1 hourHOSPITAL OR
INSTITUTION OR
STREET ADDRESS 2151-1 US Army Hospital
Aberdeen Proving Ground2. USUAL RESIDENCE (HOME) OF DECEASED-
STATE

Pennsylvania

COUNTY Armstrong

CITY (If outside corporate limits, write RURAL and give nearest town)
OR TOWN KittanningSTREET ADDRESS R.F.D. #3
(If rural, give location)3. NAME OF
DECEASED
(Type or Print)

(First)

(Middle)

(Last)

INFANT FEMALE

OLINGER

4. DATE
OF
DEATH

(Month)

(Day)

(Year)

April

13

19 51

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, ~~MARRIED~~
~~WIDOWED~~
(Specify) Single

8. DATE OF BIRTH

13 April 1951

9. AGE last birthday

If under 1 year

Months Days Hours Mins.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)
None10b. KIND OF BUSINESS OR
INDUSTRY None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT
COUNTRY? US

13. FATHER'S NAME

Robert Theodore Olinger

14. MOTHER'S MAIDEN NAME

Sara Jane Swigart

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of
service) No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) Prematurity, craniorachischisis

1 hour

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b) Polyhydramnios

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office hldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURY m.INJURY OCCURRED
While at Not While
Work ☐ At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 April, 19 51 to 13 April, 19 51, that I last saw the deceased
alive on 13 April, 19 51, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Robert W. Olinger

M.D.

2151-1 US Army Hosp, Aberdeen PrGr, Md. 5/26/51

23. BURIAL, CREMATION
REMOVAL (Specify)

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Burial

April 17, 1951

Aberdeen Post Cemetery

Aberdeen Proving Ground, Md.

DATE REC'D BY LOCAL
REG. June 26-1951

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

t/ HENRY TARRING & SONS, Aberdeen, Md.

204131242 28V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 10 1964
U.S. AIR FORCE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

3828

1. PLACE OF DEATH- COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bel Air Rural #2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R70 #2 - Harford Terrace</u>		STREET ADDRESS (If rural, give location) <u>Harford Terrace</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Mary</u> (Middle) <u>M.</u> (Last) <u>Oliver</u>	4. DATE OF DEATH (Month) <u>4</u> (Day) <u>13</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 26th 1863</u>
9. AGE last birthday <u>88 yrs.</u>		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Jacob Stumptner</u>		14. MOTHER'S MAIDEN NAME <u>Eva Catherine Burkley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Edward A. Oliver, 2827 Overland Ave. Balt.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

2 months

Antecedent cause(s)

(b) generalized arterial sclerosis

years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1951, to April 13, 1951, that I last saw the deceased alive on April 13, 1951, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

RECEIVED
APR 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

3829

Reg. Dist. No. 185

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>New Jersey</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Name de Grace</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Belmar</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Harford Memorial Hospital</u>		STREET ADDRESS (If rural give location) <u>1734 River Road</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Wilbur</u> (Middle) <u>Pier</u> (Last) <u>son</u>	4. DATE OF DEATH	(Month) <u>April</u> (Day) <u>4</u> (Year) <u>1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 28 1965</u> 9. AGE last birthday <u>85</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Vice Pres.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>New York Life Ins Co</u>	11. BIRTHPLACE (State or foreign country) <u>New Jersey</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>John L. Pierison</u>		14. MOTHER'S MAIDEN NAME <u>Hannah Van Kirk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
		17. INFORMANT <u>Rose L. Pierison</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

none

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

Diabetes Mellitus

5 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Lerald C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air 4/4/51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Apr. 4 1951 A. L. Lewis M.D. Belmar, N.J.

290 736

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

3830

Reg. Dist. No.

1. PLACE OF DEATH:

County..... HARFORD
City or town..... RURAL EDGEWOOD
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 4 YEARS
Hospital, institution, or street address where death occurred:
Willoughby Beach Road
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... MD County..... Balto
City or town..... Edgewood
(If outside city or town limits, write RURAL and give nearest town)
Street No. Willoughby Beach Rd
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

DAVID PODRUCHNY

3. (b) Social Security Number

213-07-4318

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married
6. (b) Name of husband or wife..... Jessie M. Podruchny
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.)..... Oct 11th 1908
8. AGE: Years..... 42 Months..... Days..... It less than one day..... hrs. min.

9. Birthplace..... Yale Va.
(Town, county, and state)
10. Usual occupation..... Painter
11. Industry or business..... Bethlehem Steel
12. Name..... Thomas Podruchny
13. Birthplace..... Russia
14. Maiden name..... Viola Patanko
15. Birthplace..... Russia

16. Informant..... Mrs. Jessie M. Podruchny
Address..... Willoughby Beach Rd Edgewood
17. (Burial, cremation, or removal, Which?)..... Burial Date thereof..... 4/12/51
(month) (day) (year)
Cemetery or crematory..... Holy Trinity
Location..... Balto. Md.
18. Funeral director..... Wm Bok Inc.
Address..... 1217 St. Paul St.

19. (Date rec'd by registrar)..... APR 11 1951
W. W. Bodine

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 9 APRIL 1951, at 11:05 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6 APRIL 1951 to 9 APRIL 1951
and that I last saw him alive on 6 APRIL 1951
Immediate cause of death..... INTRACRANIAL
TUMOR, TYPE UNKNOWN
DURATION..... 18 MONTHS
Due to..... UNKNOWN
Due to.....
Other conditions..... SEVERE HYPERTENSION
237x
57d (Include pregnancy within 3 months of death)
Major findings of operations.....
Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury..... Injured at work? 564336

23. SIGNATURE..... Dr. Stewart Jr. M.D.
M. D. or other
Address..... EDGEWOOD, MD. Date signed..... 9 APRIL '51

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

3831

1. PLACE OF DEATH- COUNTY <u>Hartford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY <u>Hartford</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Thomas Run</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>(Thomas Run) Oldfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Margaret</u> (Middle) <u>RUMSEY</u> (Last) <u>RUMSEY</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>23</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr 15/1869</u>
9. AGE last birthday <u>82</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Oldfield Md</u>
13. FATHER'S NAME <u>Sy Mora Collins</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
		17. INFORMANT AND ADDRESS <u>Mrs Hanna Born Bel Air, Md</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Chr. Myocardial Disease

93d Antecedent cause(s) (b) Chr. Hypertensive Cardio-Vascular Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

17

10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 21, 1951, to April 23, 1951, that I last saw the deceased alive on April 22, 1951, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE <u>Wesley P. Hudson, M.D.</u>	(Degree or title)	ADDRESS <u>Forest Hill Md</u>	DATE SIGNED <u>4/23/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Apr 26/51</u>	NAME OF CEMETERY OR CREMATORY <u>Clark's Chapel</u>	LOCATION (City, town, or county) (State) <u>Gibson Hartford Co, Md</u>
DATE REC'D BY LOCAL REG. <u>4/24/51</u>	REGISTRAR'S SIGNATURE <u>Priscilla Lowndes</u>	FUNERAL DIRECTOR <u>Joseph J. Foster Bel Air, Md</u>	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-5127

RECEIVED

APR 25 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 152

3832

1. PLACE OF DEATH: COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MD</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Taylor</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Taylor</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Fallston Rd</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>George Edward Walker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 18 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 10 1881</u>
9. AGE last birthday <u>69</u> yrs.		10. AGE last birthday (If under 1 year) (If under 24 hrs.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Butledge, Harford Co, MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Abraham B Walker</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ellen Brookhart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT AND ADDRESS <u>Mrs Emma H Walker</u>		18. MEDICAL CERTIFICATION <u>Fallston Md</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis Heart Disease

(c) Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

12 hrs.

(?)

5 years.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1951, to April 15, 1951; that I last saw the deceased

alive on April 15, 1951, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL-CREATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 25 1951
BUREAU V. S.